



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Underground Storage Tank (UST) Program
UST - Owner/Facility Registration Module

MassDEP Facility Account # _____

DFS Facility ID # (if known) _____

Note: If this is a new facility registration, MassDEP will provide you with a Facility Account Number.

Check off desired registration. Complete indicated section(s) and submit with the Cover Sheet/Certification Form

☐ **New Facility Registration** (Complete entire Form)

☐ **New UST Owner Registration** (Complete entire Form)

☐ **Amend/Edit Existing Owner Information** (Complete Section A, 1.0)

☐ **Amend/Edit Existing Operator Information** (Complete Section A, 2.0)

☐ **Amend/Edit Existing Facility Information** (Complete Section B)

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Owner/Operator Registration

1.0 Legal Owner of UST(s)

a. Individual/Organization Name _____

b. Type of Owner:

☐ Commercial (Storage & Sale) ☐ Private (Storage & Use) ☐ Institutional

☐ Federal ☐ State ☐ County ☐ Municipal ☐ Authority ☐ Industrial

☐ Native American Nation ☐ Native American Individual ☐ Non-Profit

c. Type of Ownership:

☐ Corporation ☐ Individual ☐ LLC ☐ Partnership ☐ Sole Proprietorship

☐ Public Agency ☐ Other (specify below) _____

d. If Other, please specify: _____

e. Contact Name _____

f. Address 1 – Note: Enter mailing address of Owner _____

g. Address 2 _____

h. City/Town _____

i. State _____

j. Zip _____

k. Primary Contact Phone Number _____

l. Emergency Phone Number _____

m. Email Address _____

n. Federal Employer Identification Number (FEIN) _____

o. Date you became Owner of the UST(s): _____

MM/DD/YYYY – Note: Provide actual or approximate date.

Note: Do not provide a Social Security number as your FEIN.

2.0 Operator of USTs

Check box if operator is same as UST Owner ☐

a. Individual/Organization Name _____

b. Contact Name _____

c. Email address _____

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A. Owner/Operator Registration (continued)

2.0 Operator of UST(s) (continued)

d. Address 1 – Note: Enter mailing address of Operator _____

e. Address 2 _____

f. City/Town _____

g. State _____

h. Zip _____

i. Primary Contact Phone Number _____

j. Emergency Phone Number _____

B. Facility Registration

1.0 Facility Location & Description

a. Facility Name _____

b. Address 1 – Note: Enter physical street address (no P.O. boxes). _____

c. Address 2 _____

d. City/Town _____

e. County _____

f. State _____

g. Zip _____

h. Phone Number at Facility _____

i. Primary Type of Facility:

- ☐ Gas Station ☐ Petroleum Distributor ☐ Airport ☐ Aircraft Owner ☐ Vehicle Dealer
☐ Marina ☐ Railroad ☐ Federal – Military ☐ Industrial ☐ Contractor
☐ Trucking/Transport ☐ Utility ☐ Residential ☐ Commercial Building (generator tank)
☐ Farm ☐ Other (specify in field below) _____

j. If Other, please specify: _____

k. Are USTs located on land within an Indian Reservation or on other trust lands?

☐ Yes

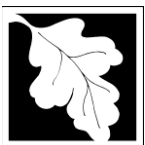
☐ No

l. Is there a site or plot plan of the facility including all USTs, related components, buildings and proximate locations of any public or private well and of any body of surface water within 500 feet of the facility?

☐ Yes

☐ No

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B. Facility Registration (continued)

Notes:

Registration is NOT required for:

- Farm or residential USTs of 1,100 gallons or less used to store fuel for non-commercial purposes.

- USTs containing heating oil used exclusively to heat domestic water and/or area for space heating (i.e. consumptive use) on the same premises.

Note: To obtain latitude and longitude, use GIS mapping tool to locate center of UST field. Most Third-Party Inspectors can assist with this

Note: Enter additional UST Group Latitude/Longitude coordinates *only* if center of UST field is greater than 30 feet from an adjacent UST group with coordinates.

2.0 Number of USTs

a. How many USTs are at the facility? (*count a tank with multiple compartments as one tank*)

Number _____

b. How many USTs are being registered or are having registration information amended at this time? (*see note at left for exemptions*)

Number _____

c. How many DEP-assigned groups of USTs are at the facility? (*only very large facilities, such as military installations and airports, have multiple groups of USTs*)

Number _____

UST Group 1

d. MassDEP Regulated Object Name, if known

e. Location Descriptor (e.g. Gas Pumps, Maintenance Bldg.) _____

f. Latitude of UST Field (at center of field)

g. Longitude of UST Field (at center of field) _____

UST Group 2 (if applicable)

h. MassDEP Regulated Object Name, if known

i. Location Descriptor _____

j. Latitude of UST Field (at center of field)

k. Longitude of UST Field (at center of field) _____

UST Group 3 (if applicable)

l. MassDEP Regulated Object Name, if known

m. Location Descriptor _____

n. Latitude of UST Field (at center of field)

o. Longitude of UST Field (at center of field) _____

UST Group 4 (if applicable)

p. MassDEP Regulated Object Number, if known

q. Location Descriptor _____

r. Latitude of UST Field (at center of field)

s. Longitude of UST Field (at center of field) _____

3.0 Financial Responsibility Information

a. How many USTs at this facility are subject to the financial responsibility requirements of 40 CFR Parts 280 & 281?

Number _____

b. How many USTs at facility are enrolled in the State 21J Fund? (e.g. USTs containing motor vehicle fuel)

Number _____

For any USTs not enrolled in the State 21J Fund (e.g. waste oil tanks), complete the Financial Responsibility Module as part of this registration.

Note: The 21J Deductible is \$5,000 if you own one facility; \$7,500 if you own two facilities; and \$10,000 if you own three facilities or more.